

TOWN OF SEEKONK

Name of City or Town

Assessors' Use only

Date Received

Application No.

Parcel Id.

FINANCIAL HARDSHIP
FISCAL YEAR 2017 APPLICATION FOR PROPERTY TAX DEFERRAL
General Laws Chapter 59, § 5, CLAUSE 18A

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 59, § 60)

Return to: Board of Assessors

Must be filed with assessors on or before December 15 or 3 months after actual (not preliminary) tax bills are mailed for fiscal year if later. Tax Deferral and Recovery Agreement (Form 99-1) must accompany application unless already on file and persons with interest in property remain the same.
(DUE APRIL 3, 2017)

INSTRUCTIONS: Complete all sections that apply. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____	Occupation _____
Telephone Number _____	Marital Status _____
Legal Residence (Domicile) on July 1, 2016 _____	Mailing Address (If different) _____
No. Street City/Town Zip Code	
Location of Property: _____	No. of Dwelling Units: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____
Did you occupy the property on July 1, 2016 and for the prior 10 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, list the other properties you occupied during the past 10 years.	
Address _____	Dates _____
Continue list on attachment in same format as necessary.	
Have you been granted any exemption in any other city or town (MA or other) for this year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, name of city or town _____	Amount exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

Ownership <input type="checkbox"/>	GRANTED <input type="checkbox"/>	Assessed tax \$ _____
Occupancy <input type="checkbox"/>	DENIED <input type="checkbox"/>	Deferred tax \$ _____
Status <input type="checkbox"/>	DEEMED DENIED <input type="checkbox"/>	Adjusted tax \$ _____
Financial condition <input type="checkbox"/>		Board of Assessors
Date voted/Deemed denied _____		
Certificate No. _____		
Date Cert./Notice sent _____		
	Date: _____	

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

E. FINANCIAL STATEMENT. Complete this section fully. Copies of your federal and state tax returns and other documentation may be requested to verify your income and assets.

ASSETS		LIABILITIES	
REAL ESTATE			
Domicile value	\$ _____	Mortgage outstanding balance	\$ _____
Other value	_____		_____
PERSONAL ESTATE			
Motor vehicle values (year/make/model)	_____	Car loan balances	_____
	_____		_____
Bank account balances (Bank name & address)	_____		_____
	_____		_____
	_____		_____
Other (specify)	_____	Other outstanding debts (personal loans, credit cards, etc.)	_____
	_____		_____
TOTAL	\$ _____	TOTAL	\$ _____
INCOME	Monthly	EXPENSES	Monthly
Wages & salaries -Annual \$ _____	\$ _____	Mortgage payments (including taxes)	\$ _____
Unemployment compensation.....	_____	Food	_____
Social Security	_____	Utilities:	_____
Other pension/retirement	_____	Electricity	_____
Public assistance:	_____	Gas	_____
AFDC	_____	Heating fuel	_____
Food stamps.....	_____	Telephone	_____
Fuel assistance	_____	Water/sewer	_____
Other	_____	Debt payments:	_____
Rental income	_____	Car loans	_____
Business/professional profits	_____	Credit cards	_____
Interest/dividends.....	_____	Personal loans	_____
Other (specify)	_____	Fixed expenses:	_____
_____	_____	Car insurance	_____
_____	_____	House insurance	_____
	_____	Other (specify)	_____
	_____	_____	_____
	_____	_____	_____
TOTAL	\$ _____	TOTAL	\$ _____